

Your Information

Vehicle (VIN) Number _____

Accident Report # _____

Department Name _____

Driver's Name _____

Address _____

City _____ State ____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Vehicle Year, Make & Model _____

Mileage _____

License Plate Number _____

Serial Number (V.I.N.) _____

Is your vehicle drivable? _____

Describe damage _____

To report an accident, please call
State of Michigan Repair Services (MAP)
1-800-937-8149

Monday through Friday 8:00 a.m. to 8:00 p.m. EST
Saturday 8:00 a.m. to 4:00 p.m. EST

For roadside assistance after hours,
call MAP at 1-800-937-8149

If you have any questions, call
MAP at 1-800-937-8149

DMB-VTS 72 (3/04)

VEHICLE DAMAGE REPORT

State of Michigan
Department of Management & Budget
Vehicle & Travel Services

IN CASE OF ACCIDENT

1. Stop immediately and investigate.
2. Check for injuries and **get help immediately** if needed.
3. **Do not** discuss who is at fault.
4. Get name, address and insurance information, **including policy number**, of all other parties involved.
5. Call State of Michigan Repair Services (MAP) at 1-800-937-8149, and provide them with a full report of the accident. This pamphlet is to help you have the necessary information. You are not required to submit a written report to VTS.
6. If your vehicle is not drivable, MAP will arrange for towing to a body shop or dealership convenient for you.
The Lansing VTS Garage should be used whenever possible (call 517-322-5118).
Note: If an accident occurs after business hours, call MAP to arrange for your vehicle to be towed. You must call MAP the next business day to report the accident.
7. Get police report and mail or fax to:

Wheels, Inc.
State of Michigan Repair Services (MAP)
Collision Management
666 Garland Place, Des Plaines, IL 60016
FAX: 847-699-8491

Do not attempt to make a settlement with the other party or insurance company.

Other Driver/Vehicle Information

(Attach separate sheets for additional vehicles)

Driver's Name _____

Address _____

City _____ State ____ Zip _____

Telephone (_____) _____

Vehicle Year, Make & Model _____

License Plate Number _____

Owner's Name _____

Address _____

City _____ State ____ Zip _____

Insurance Company's Name & Address

Policy No. – Required _____

Witness

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Injuries

Were you injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were your passengers injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the other party injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any of their passengers injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Statement of Facts

Occurrence Date _____ Time _____

Location (Street, City, State) _____

Speed You Were Driving _____

Road Condition _____

Road Condition _____

Weather Condition _____

Was a Police Report Made? _____

☐ At Scene ☐ At Station

Report Number _____

Report Number _____

Was a Ticket Issued? _____

To Whom? _____

Nature of Charge? _____

If you were not driving your vehicle, indicate name, address, and driver's relationship to you

and driver's relationship to you

Diagram- Please draw what happened. Include traffic signals and number of lanes. Number the vehicles: #1 for your vehicle, #2 for other vehicle, etc.

Describe What Happened

Signature _____ Date _____

Instructions: Use solid line to show path of vehicle before accident, dotted line after accident. Indicate by arrow direction of north.

